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NEW HOSPITAL FOR THE INSANE IN MASSACHUSETTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The public have read with great interest and care, an article which appeared in your Journal of February 14th, in regard to the requisite provision for the recovery, and the care—the cure and the custody—of the insane in this State. This article is a review of the Report of the Commissioners, appointed by the Legislature of last year, to inquire into the number and condition of the insane, and whether any further provision should be made for them, and if so, what that provision should be. This review comes from high authority, which usually commands implicit confidence in these matters, and from which we should be very slow to dissent.

The writer treats of two very important topics. 1st, The propriety or expediency of increasing the hospital accommodations for the insane of Massachusetts; and, 2d, The construction of those hospitals. We cannot too earnestly commend his opinions, in regard to this last matter, to the public attention; they should be carefully examined and regarded, by all men of authority, who have the construction of hospitals committed to them hereafter; and it is to be regretted that this plan could not have been presented long ago to the American as well as to the British public, and that the later hospitals could ~~not~~ have been thus constructed on the best plan for the management of the insane.

But although the writer's plans of action are worthy of all commendation, yet his opinion that nothing further at present needs to be done for the insane in this State, seems to be neither satisfactory nor founded upon the facts in the case.

The objection to doing anything further for the insane in Massachusetts at this time, rests upon the imperfectness of the Commissioners' report, and the danger of excessive provision for the insane. The Commissioners discovered and reported only 291 lunatics who were supported by their own estates or by their friends. The reviewer accounts for 321 of this class belonging to Massachusetts, and known to be in the several hospitals of this and the neighboring States; and he thinks the hospital accommodations already provided are sufficient for the pauper or dependent class of patients, and therefore no more is required. The histories of the insane asylums of Maine and New Hampshire are quoted

to show, that however liberally the government may provide for the care and the cure of the insane, still only a definite and comparatively small proportion of those thus diseased will be sent to the public establishments by their friends or by the authorities that have charge of them.

As these are made the foundation of the objections to the creation of another hospital, and of the argument by which that objection is sustained, it is worth while to examine them more carefully, and see how far they are tenable and safe to stand upon.

The Commissioners report only 291 lunatics of the independent class. The reviewer proves that this is 30 less than the number of this class known to be actually in hospitals, provided that the 83 pay-patients, reported to be in the Worcester Hospital during the last year, were all there together.

The Commissioners discovered, and calculated, and reported, 1156 pauper lunatics, 291 independent lunatics, and 65 whose circumstances were not known—1512 of all classes in the whole State. Here is evidently an error, both by the showing of the reviewer, and by comparison of the numbers of the pauper and independent classes. No one, at all conversant with this subject, will believe that in this State, or in any other prosperous community, the numbers of the insane in the pauper and the independent classes are in this proportion of 1156 to 291, or that all, or even a very large majority of the self-sustaining insane are at any one time living in hospitals. We have no satisfactory and complete accounts of the numbers of the insane. But all the investigations that have been reported, and all the opinions that have been given, show, that the proportions of the two classes—the pauper and the independent—are widely different from this which the Commissioners have reported. The late national census reported 627 of the self-sustaining class, and 644 pauper insane, in Massachusetts. But when we know that this census reports 133 colored pauper insane in the family of Dr. Samuel B. Woodward at Worcester, and only 3 independent insane in the whole city of Boston, we shall be ready to believe that 627, the number of the independent class, falls very far short of the truth. The census reports of the insane in other States, also, show a different proportion of these classes from that given by our Commissioners. In Maine, they are stated to be 386 of the self-supporting to 245 of the pauper class. In New Hampshire, their proportions are as 314 to 191. In Rhode Island, 94 to 122. In Connecticut, 404 to 138. In Vermont, 263 to 148. In New York, 1601 to 739. And in the whole United States, 12,290 are reported to belong to the independent, and 5166 to the pauper class of insane. The Trustees of the New Hampshire Asylum reported, in 1840, that there were 308 of the insane, in that State, supported at private charge, and 107 paupers. This Journal will not be suspected of having any over-weening confidence in the minute accuracy of the statements of the last national census. But where, as here, all the accounts from various sources agree, it is reasonable to put forth these statements as corroborating, if not as substantiating, the position, that the number of the independent insane generally more than equals that of the dependent class of the same patients.

No estimate of the number of the insane in this, and indeed in any similar community, makes them less than about 1 for every 500 of the population. Dr. Chandler, in his report for 1847, page 36, estimates them at double this number in this State. And a committee, appointed in Connecticut, some time ago, to make inquiry in regard to the number of the insane in that State, came to a similar conclusion. But, taking only the lowest estimate, we have in this State nearly 1800 insane persons; and deducting from them the 1156 paupers, leaves more than 600 of the more prosperous class at the present time. If the relative proportion of the independent and pauper classes of the insane in this State, bear any approximation to that which is stated in the last national census, in regard to these classes of the insane, in this and the other States; and if 1156, the number stated by the State Commissioners, is the true number of the pauper insane, then the true number of the independent insane will be not 600 merely, but more than twice as many; and these, added to the reported number of the paupers, will make some approach to the estimate of Dr. Chandler.

This defect in the Commissioners' Report, in regard to the insane in prosperous or independent families, was an error to be expected. Our reviewer very justly refers to the construction of this board. There was not a physician, nor one whose profession leads him to be habitually conversant with these patients, among them. Those who composed the Commission are good and true men, and some of them of extraordinary devotion to this subject, of great capacity for labor, and of praiseworthy energy in any good work; yet, when they issued their letters of inquiry, they sent them, not to the physicians, who collectively are familiar with the domestic condition of every family in their towns, but to the town and city authorities. Consequently they received precisely the kind and measure of information that they might have expected; and they obtained the facts which were the least necessary to be sought out—that is, the number of the insane paupers, which might have been learned nearly as well from the pauper returns published by the Secretary of State*—while the number of self-sustaining insane is left as much in doubt as ever. The Selectmen have no official knowledge of the condition and health of private families, and they have no more personal knowledge of this matter than any other men of equal extent of acquaintance. But if these Commissioners had applied to the physicians, they could have ascertained, through all of them, the health and condition of nearly every individual in the State.

Notwithstanding the reviewer, in the first part of his notice of the Commissioners' Report, has so clearly demonstrated the error of their statement in regard to the number of self-supporting insane, yet he next

* According to the Pauper Abstract for 1848, the number of insane relieved or supported was 611, and of idiots relieved or supported 324; 935 in all. The Report of the Commissioners, page 6, states that in the towns from which they received returns, 1072 "are unable to furnish the pecuniary means of their support;" and in the same proportion to the population, there are 84 in the towns which made no report to them—making 1156 unable to support themselves. The difference between the reports of the Overseers of the Poor and of the Commissioners probably includes some who are supported by charity, and others who can be maintained by their friends at home, who could not pay for their support in a hospital abroad.

seems willing to stand upon the foundation which he had first shown to be fallacious, in order to prove that their inference in regard to the need of further provision for the insane was fallacious also. He states that we have already hospital accommodations for 916 patients—"enough," he says, "for nearly two thirds of the whole number of all descriptions of insane"; that is, for two thirds of the 1156 paupers, 291 independent, and 65 other insane—1512 in all. There is a slight error, even in this statement, of the hospital accommodations already provided in this State. Dr. Chandler, in his last report, page 35, says that the Worcester Hospital has rooms and dormitories for only 360. The McLean Asylum can accommodate 180 patients; but, according to the statement on page 30 of this Journal, only 123 of them belong to Massachusetts—the other 57 are presumed to belong to other States and countries. This may be the usual proportion of natives and strangers in the McLean Asylum, and probably will be nearly so hereafter, for there is neither public law nor private regulation that excludes applicants from any State or nation. The private asylums for 60 are open, in the same manner, to all who may apply. If they have the same proportion of strangers as are in the asylum at Somerville, the rooms which in these establishments are open to, and enjoyed by, the citizens of this State, are reduced from 240 to 164.

The County Houses at Ipswich and East Cambridge will hold 110 patients; but it cannot be supposed that this intelligent writer intended to endorse the assertion of the Commissioners, that suitable provision is made in these receptacles for 110 patients, or the implied inference, that no further provision is needed in the counties of Essex and Middlesex. This opinion, in regard to the proper provision for lunatics, is amply corroborated by Dr. Bell in his admirable report made to the Trustees of the Butler Hospital in Rhode Island, respecting the construction of buildings for the insane. After contrasting the old with the new and improved hospitals in England, he says, that the practical fruit of the experience of the institutions "was the prevalence of a principle, everywhere recognized," that "there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply-constructed and cheaply-managed institutions; that the measure of expense of common paupers never should be regarded in providing for the insane; that a better class of almshouses may be carried on for receiving lunatics, and dignified with the name of asylums or hospitals, with some degree of apparent success; but to do the greatest amount of good to the insane, the mind of the tax-paying community must be trained to understand and admit the necessity of expensive arrangements, and that if it is worth while to have any institutions beyond those receptacles in which the most patients, or rather the most sufferers, can be crowded together at the least charge, it is worth while to establish such as will accomplish all of cure or relief which is practicable."—*Journal of Insanity, Vol. II., page 17.*

In comparison with the jails where some of the inmates of these houses were formerly confined, these county receptacles may be called "suitable and convenient," according to the letter of the law that created them.

But, in comparison with what ought to be provided for such persons, or with what is usually provided in good hospitals, they are neither suitable nor convenient, nor ought they to be considered in estimating what means we now have for the proper management of the insane. Making these deductions, we have, then, hospital accommodations for 360 at Worcester, 200 at South Boston, 123 at Somerville, and for 41 at private establishments—724, in all, in the State of Massachusetts.

It is not pretended, even by the most zealous advocates of the new measure, that all the insane should be confined in hospitals. Probably not two thirds, perhaps not more than half, of all, require this measure of restraint and need to be thus provided for. But even this would require in this State room for 1000 to 1200. But, without entering upon any such calculation or conjecture, as the whole number and the proportion that should be provided for, it is much easier to determine this question, by seeing what is the actual demand, and learning how many now seek for such accommodations without being able to find them. It was in obedience to this principle of providing for the demand, that our insane hospitals, here and elsewhere, began mostly of small size and with accommodations for the few patients who wanted to enjoy them. Following the same law, they have almost universally been enlarged, from time to time, to meet the increasing demand of those who desired to avail themselves of their advantages.

The public interest in the insane, and the popular faith in the general curability of their disorder, and in the improbability of the incurable, are progressive; and the willingness of the people to attend to the wants of the insane, and use the means for their restoration and improvement, increases from year to year.

The regard for this class of sufferers and the erection of hospitals for them are not contemporaneous with the origin of any community or State; nor have all at once seized upon the idea, as soon as it was promulgated, and proved their faith by their works of building lunatic establishments. But the people of one State after another have had their attention called to this subject; and after a struggle, and in some places a long struggle, the governments or associations of wealthy and benevolent people have established their asylums. First the contributors to the Pennsylvania Hospital prepared accommodations for the insane in their establishment at Philadelphia, in 1752; and next, the government of Virginia established a lunatic hospital at Williamsburgh, in 1769. Then the New York Hospital received cases of mania in 1797. The Maryland Hospital was opened in 1816; the Friends' Asylum, at Frankford, near Philadelphia, in 1817; the McLean Asylum, in 1818; and the State Hospital at Lexington, Ky., in 1824. Other States and associations of individuals have followed, in this work, at greater or less intervals of time, until nearly all of the old States, and many of the new ones, are thus provided; and some are now making preparations for these patients; others are talking about it; and in others still, no such scheme has been proposed or thought of by any men of influence, or by any men in authority or power. The light of this branch of science, and of this species of philanthropy, is yet to dawn upon them.

The history of the lunatic hospitals in this country, shows a universal increase of patients from the beginning, and, generally, enlargements of their accommodations—and often very extensive enlargements, and these in far greater proportion than the increase of population.

The McLean Asylum began in 1818, with room for a few patients, but as many as it was supposed would be offered to its care. But soon more, and again more accommodations were demanded, and more rooms were added, and these additions followed the demand from time to time, until at last there are rooms for 180 patients.

The Worcester Hospital began in 1823, with rooms for 125 patients. This was all that was then thought necessary. These were soon filled; then more than could be received demanded entrance—and in 1836 one new wing, and in 1837 another new wing, was added, so that 100 more patients could be received. The demand went on increasing, and in 1842 it so far exceeded the extent of the Hospital, that two more wings were added, and then the whole number of rooms amounted to 360. Even these ample accommodations were soon occupied, and the demand yet increased, so that the average number for 1848 was 404. At the end of November, the date of the last report, there were 409 patients in the Hospital—49 more than there were rooms. And even this did not include all that desired to be there, for some were sent away to the jails, the county receptacles, and the almshouses, who would be better in the Hospital. In view of these facts, Dr. Chandler advised that further accommodations should be provided, even to the extent of a new hospital.

While this demand has been thus increasing, and the supply of accommodation growing at Worcester, the McLean Asylum has grown, as before shown, from 67 patients in 1833, to 172 in 1847. Within the same period, the city of Boston has established its hospital at South Boston. This began in 1839, with accommodations for 75, but has been enlarged, so that now it can contain 200. On the first of December, 1848, the date of the last report, it had 188 patients. Within six years, the county receptacles at Ipswich and East Cambridge have been built, and contain over 90 patients. And yet, notwithstanding all this increase of accommodations and rooms for the insane in this State, there is a demand for more. This is attributable in part to the increase of population and the corresponding increase of insanity, but it is also attributable to the increased interest in the subject and growing confidence in the curability of this disorder, and the consequent readiness of the people to avail themselves of, and to use the means for, the recovery of their lunatic friends.

In other States less has been done to excite public interest in this matter, and consequently their people have felt the burden of their insanity less oppressively, or they have had less faith in any means of relief. They have therefore made less provision, or have been less ready to avail themselves of the means that were offered them for the care and the restoration of their insane.

It is said that we are in danger of over-doing this matter of building hospitals, and we are pointed to Maine and New Hampshire, which have

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shown more prudent wisdom, and avoided the error to which we are prone. We are told, by the reviewer of the Commissioners' Report, that those States have made comparatively small provision for their insane, and yet these few accommodations, theoretically insufficient to satisfy one half of the wants of their people, are scarcely occupied. "The insane of New Hampshire were found, by as accurate a census as perhaps ever was taken, to exceed probably 500. Less than 100 from that State have taken advantage of the excellent and popular institution built a few years ago for them." "In Maine, in 1846, the statistics of the insane represented 625, besides as many more idiots, many of which latter were no doubt cases of dementia and virtually lunatic." And yet, "the excellent and well-provided institution, second to no State hospital in the land," had, after ten years' publicity and life, "an average household of only 93 patients." Now we are advised to take example from these States, and show a similar prudence, and not make any undue and needless provision for our insane; and because the people of Maine and New Hampshire will not send their insane to the hospitals, which their governments have prepared for them, we in Massachusetts are to be dissuaded from providing for those of our own citizens who are anxiously striving to be admitted, but cannot for want of room.

Instead of holding up Maine and New Hampshire as a warning to Massachusetts to persuade her to do less for her insane, it would be more rational to hold up Massachusetts to those States to encourage them to do more for theirs. It would be much more reasonable and humane that the enlightened popular sentiment of this State, in regard to the attention to and care for the insane, should shine upon Maine and New Hampshire, and guide them to more generous doings, than that their clouds should come over us to darken our way and stay our progress.

But it may be well to examine the history of the lunatic hospitals in those States, and the progress of public opinion in regard to the care of the insane, and see whether their example should not be considered as encouragement for us to go on in our past and proposed course, rather than as a warning to stay our movements or to urge us to go backwards.

The hospital in Augusta, Maine, began in December, 1840, with only 30 patients, and in 1841 it had 70 for its largest number at any one time. In 1845, it was crowded, and had more patients than rooms. In 1847 a new wing was built, and one gallery was finished and filled, and then the institution contained 128 patients. And even after this addition, the Superintendent, in his report for 1848, p. 21, complains of "much inconvenience from the crowded state of all our galleries," and says, "still we are obliged to place two beds in a room in many instances"; and, although "admissions have been more numerous than at any previous period, yet several applications could not be complied with—although several cases incurable and of long standing have been discharged to make room for those more recent." And the Trustees, in the same report, page 10, urge upon the Legislature the further grant of money to complete the wing, because, "for two years past, as made known to you, in our annual report, the interests of the institution and the welfare of the public have been suffering for want of room to receive applicants."

The hospital in Concord, N. H., was opened in October, 1842, and received in three months of that year 22 patients. At the end of May, 1843, the date of the first report, there were 47; and in May, 1844, the end of the next year, there were 70; and 151 had been in the institution in the course of the year. In May, 1845, there were 76. In the course of this year there had been 158 in the Asylum—137 from New Hampshire, and 21 from other States and countries. In May, 1846, there were 98, and 174 had been there during the year. Then the Superintendent, page 26 of his report, says, the male wing is entirely filled, and he has more applications to receive patients than the building admits, and suggests an enlargement of the institution. The Trustees, page 9th of the same report, say the same. In May, 1847, there were 100 patients—187 had been in the house during the year, and again the enlargement is proposed. The Governor and Counsellors, who are the visitors to the hospital, in the annual report to the Legislature, page 3d, say that, "to meet the wants of this community, and afford the benefits of hospital and asylum *to even one half of those who need them*, additional accommodations are indispensable; and it is submitted to the consideration of the Legislature, whether economy, humanity and justice, do not unite in requiring that such accommodations be furnished." And the Trustees in the same report, add, that according to their inquiries and calculation, "there are, at this time, 1847, several hundred insane paupers supported on poor-farms or disposed of from time to time at auction." "This practice, viewed in any light it may present itself, is neither just, humane, nor economical." There is but a faint prospect that the victim of insanity, wandering, neglected, about the fields and over the high ways, or, as is not unfrequently the case, incarcerated in some remote room or shed, that his ravings may not be heard, can ever be restored to reason or happiness." In May, 1848, there were 109 patients—192 during the year; and, as before, the Trustees state, that in only 96 rooms, 114 patients had been received at once, and the constantly though slowly-increasing demand rendered it necessary to enlarge the Hospital, or "to close the doors of the institution against all who may apply after its halls are once filled," as they were then filled to the overflowing.

Thus we see, that even the people of Maine and New Hampshire, however slow they have been and are to appreciate and to enjoy the hospital accommodations offered for their insane, are yet making sure progress in this good work, and each successive year shows that they approve of the principle which we have established of properly and generously providing the means for the care and the cure of all our lunatics, and are carrying it into practice by slow though sure adoption. Instead, therefore, of being warned by the history of lunacy and its treatment in those States, to stop in our progress, and build no more accommodations for our insane, we should rather be encouraged by their example, and the statements of their officers, to go on, as we have already done, until every lunatic in the State, whose disease may be cured, or whose condition may be improved by residence in a hospital, shall find such an institution open to receive him.

From the best information that can be obtained in regard to this matter,

it is manifest that there are yet, in this State, many more lunatics, whose friends or guardians wish to place them in suitable establishments, and who would be restored or benefited by such procedure, than there are rooms for them in all our hospitals. Some of those who are thus rejected for want of room, are recent cases, and curable; but for want of opportunity of recovery, are doomed to permanent insanity, and must remain, for life, burdens upon their estates or friends, or the public, for support. Others would be much more comfortably and easily maintained in proper hospitals, than they can be in any other places.

It therefore behooves a prudent, far-seeing and generous community to make such provision for lunatics, that none shall remain permanently diseased, if they can be restored; and if there are not yet means enough already provided for this purpose, to add more, until all the want shall be satisfied. And the facts presented to us show, that the want is not yet satisfied in this State. * * *

COD-LIVER OIL.

BY D. M'RURR, M.D., BANGOR, ME.

[Communicated for the Boston Medical and Surgical Journal.]

THERE have been few articles introduced into the materia medica with more apparent reluctance, on the part of the profession, than the cod-liver oil; but having once obtained a place in the catalogue of remedies, we predict it will be as slowly discarded as it has been adopted.

Cod-liver oil has been held as a popular remedy among the inhabitants of the sea coasts of Northern Europe for many centuries. The virtues imputed to it have been both vague and various, but it has been universally esteemed in many chronic diseases as a remedy of unequivocal power. Among the fishermen of our own Continent, it has long been highly valued for its curative power in rheumatism and its analogous diseases. It first attracted the attention of some medical practitioners in 1771; when Dr. Percival used it in many cases of chronic rheumatism, with success. Dr. Key, of Manchester, employed it extensively in hospital practice in 1789; and Dr. Bardsley used it previous to 1807. But it was not until 1822 that the attention of the profession was particularly directed to it by any publication based upon numerous and authentic cases in which it had been used. Dr. Schenks, of Germany, published in "*Hufeland's Journal*" of 1822—6, a series of papers in favor of its curative powers, which has led to its gradual adoption as a remedy in that country. More recently it has been employed in Belgium, France, England and Scotland. Within the last three years it has been introduced into the practice of medicine in this country, and from the numerous advertisements of those who prepare it for medical purposes, as well as from the reports that appear daily in the public journals, of its efficacy in disease, we infer that it is being used very generally.

Its therapeutic properties led Dr. Kopp, of Germany, to suspect that

it contained iodine. This conjecture was verified by Drs. Loomé, Bennett and others, who all, however, differ in regard to the quantity of iodine found in a given quantity of the oil, varying from 1-2 to 1-12 of one per cent. The proximate elements of the oil bear some resemblance to those of bile, as it contains in common with that fluid, oil, resin, and saline matter. It reddens litmus paper, is soluble in alcohol and ether, and is usually found to possess the specific gravity of 0.930. Gmelin obtained a saline mass from the oil which struck a deep-blue color with a solution of starch, and had all the usual re-actions of a solution of iodine.

In 1835, Dr. Brefield published a monograph on the use of the cod-liver oil, in which he says, that from careful observation of many successful experiments with it in cases of rheumatism, he considers it a specific in both the acute and chronic forms of that disease. This testimony has since been corroborated by a host of medical writers in Europe, who, likewise, agree that it merits the first place among anti-scorfulous remedies. Dr. Tanfled reports an instance of its success in curing a case of strumous caries of the spine, with extensive ulceration. Dr. Graves declares that he has seen it accomplish cures in scrofulous disease of the lymphatic glands, after all other remedies had been tried and failed. Drs. Richerand and M. Hall highly extol its curative powers in many obstinate cutaneous diseases; and other medical authorities, of equal respectability as the foregoing, have strongly recommended it in phthisis, chorea, spinal irritation, epilepsy, chlorosis, coxalgia, and *tabes mesenterica*.

The sensible therapeutic action of the oil seems to be almost null. Dr. Dunglison says, that it has no manifest effect on the secretions, [excretions?], except occasionally on the urinary and cutaneous depurations; on the healthy organization it seems to excite no marked change. In strumous affections, however, its favorable influence is striking, as well as in rheumatic and gouty disorders. In 71 patients for whom Dr. Bennett prescribed the oil, he observed that vomiting was occasioned by it in three cases; slight diarrhœa in seventeen cases; slight diuresis in two cases; and diaphoresis in twelve cases. He thinks it owes its efficacy in scrofula to its iodine, and attributes its superiority over that obtained by chemical means to its organic combination with animal matter.

Dr. Acherson, of Berlin, explains its *modus operandi* in another manner. He conceives that oil globules are essential to the formation of the elementary cells of tissue; for the elementary globule is composed of liquid fat and albumen; and observes, that when fat in a liquid state and albumen are brought into contact, a small quantity of the latter forms a case around a globule of the former, in the same manner as the formative rudiments of animal tissue are produced from a combination of the oil contained in bile and the albumen of the chyle.

Dr. Bennett and most other writers, while acknowledging the ingenuity of Acherson's hypothesis, differ from him, by attributing its curative power to its agency in improving the function of nutrition, thereby affording to the blood an energetic and rich plasma, and promoting the activity of the vital forces, and forwarding the absorption of morbid deposits. In addition to these explanations, Dr. C. J. B. Williams

thinks, that "its peculiar fluidity and little proneness to change enables it to pervade all structures and to penetrate even into imperfectly organized deposits, and by softening their concrete fatty molecules, and rendering more permeable and supple their whole mass, brings them more under the influence of the adjoining living parts, through the circulation; in which either their vitality and nutrition are improved and maintained, or if incapable of improvement, they are gradually dissolved and absorbed away."

These opinions all tend to establish its character as a nutritive of no ordinary power. In regard to its formative or solvent agencies, all is conjecture; its claims to these properties seem to have been advanced to explain its wonderful effects in cachectic diathesis, and scrofulous deposits. But when we consider that both of these morbid conditions are but the effect of vitiated or imperfect assimilation, the ingenious theories of Acherson, as well as Williams, will be found to be wholly gratuitous.

In addition to the several explanations, already advanced, of its *modus operandi*, we feel authorized, from having observed its effects in some peculiar diseases, to attribute its restorative powers to its direct admissibility into the circulation, without undergoing the process of digestion, or passing through the lacteal system. We do not suppose that all the oil that enters the stomach, is in this manner disposed of, or that none goes the usual route of the other digestible matter; but we think we have strong reasons for the opinion, that much of it finds its way in a more direct manner into the circulation, either by vital absorption or by *endosmosis*. Its low specific gravity would seem to favor its transmission by the latter method. However, the following case is one of those alluded to, which have led us to the foregoing opinion.

J. M. C., a young girl, aged 4 years, was attacked with cholera infantum during the autumn of 1848, which resulted in a diseased condition of the mesenteric glands; their enlarged and indurated state could be distinctly felt through the walls of the abdomen. The emaciation peculiar to that disease steadily progressed, in defiance of every remedy, as well as the gratification of a voracious appetite; until the case became so hopeless that all medication was suspended, except such dietetic regulations as were found to best insure the temporary comfort of the patient. The case, under this expectant treatment, for weeks continued to advance towards an apparent fatal termination; when, about a month ago, in consequence of the earnest solicitation of the mother, that something more might be attempted to save her child, the cod-liver oil was directed to be given, in half-tablespoonful doses three times a-day. About a week after the commencement of the oil, an evident improvement in the general appearance of the child was perceptible; although the discharges from the bowels remained as chylous, and as frequent as they were before the oil was given. This improvement is still going on. The pulse has nearly doubled its volume; and the glands, which were formerly easily discernible by the hand, cannot now be readily felt, in consequence of the increased thickness of the walls of the abdomen. Whether this patient will recover or not, is still doubtful; but the change in the increase of adipose tissues, as well as the improvement of the general circulation, since the commencement of the oil treatment, irres-

tibly leads to the inference, that nutritive elements have found a way into the circulation different from the usual route of digestion. The declarations of other patients that the oil acts as a cordial, as promptly and as effectually as an equal quantity of *good wine*, strengthens this supposition.

The curative powers of the cod-liver oil are more manifest in tubercular phthisis than in any other disease in which we have prescribed it. Indeed, no therapeutic agent has come under our observation, which has apparently produced such favorable changes in this disease, as the oil. Undoubtedly much of its efficacy depends upon its power of invigorating the system, and increasing the "*turgor vitalis*." Yet we apprehend it sometimes acts in a conservative capacity, by presenting to the oxygen that enters the circulation a supply of hydro-carbonaceous elements, to satisfy its imperative affinities; and in this manner it tends to protect the nitrogenous tissues from rapid decomposition. This hypothesis receives some support from the results of a chemical and microscopical examination of three specimens of urine, from each of three individuals, both before and after taking the oil; when the urea was found in much less quantity in the urine passed after taking the oil, than in the specimens obtained before its use.

Within the last two years we have prescribed the cod-liver oil in thirteen cases of well-marked tubercular phthisis, and the following have been the results. It has been discontinued in two cases; in consequence of its producing hemoptysis in one case, and diarrhoea in the other. Two cases have not perceived any effect whatever from it. Five cases have been materially benefited; three of whom are yet persisting in its use. And four cases are to all appearances cured; they have regained their flesh and strength, are free from cough or hurried respiration, and their circulations have returned within the *limits of health*.

In one case of caries of the spine, of a strumous character, when the patient was unable to sustain the upright position without great suffering at the time when the oil was first taken, about four months ago, it has so improved his condition that he is able to take part with other children in their pastimes out of doors, with perfect freedom from pain.

Although the effect of cod-liver oil on a healthy system is almost null, yet it ought not to be inferred that no discrimination is necessary in its administration in disease; for there are some pathological states in which it proves highly injurious. Diseases attended with intense arterial action, increase of heat, intestinal irritation, or hemorrhagic tendencies, are those morbid conditions with which I have found it to be incompatible.

If this communication will induce some of the readers of the Journal to give the cod-liver oil a more extensive trial, and report their experience of its efficacy in disease, my object will be accomplished.

March 7, 1849.

THE RIGHTS AND DUTIES OF MUNICIPAL MEDICAL OFFICERS.

[In the Common Council of the City of Boston, Feb. 8th, 1849, it was "Ordered, That the Board of Visitors of the Lunatic Hospital be, and they hereby are directed to cause an immediate investigation into the circumstances which induced Dr. C. H. Stedman to grant a certificate to Dr. Kraitsir, that his wife, Helen Kraitsir, was a Lunatic—and report the particulars to the City Council within two weeks." At a subsequent meeting of the Board of Visitors, it was ordered that a copy of the above be furnished to Dr. Stedman, Superintendent of the Lunatic Hospital, and that he be requested to communicate to the Board, without delay, the circumstances which induced him to give the certificate in question. To this request Dr. Stedman made the following reply—which, as a manly defence of the private rights of those of the profession who happen to be in official stations, is inserted entire.]

To the Board of Visitors of the Boston Lunatic Hospital—GENTLEMEN,—I have the honor to acknowledge your communication to me of the order of the City Council, dated the 13th inst.—“That the Board of Visitors of the Boston Lunatic Hospital be, and they hereby are directed to cause an immediate investigation into the circumstances which induced Dr. C. H. Stedman to grant a certificate to Dr. Kraitsir, that his wife, Helen Kraitsir, was a Lunatic; and report the particulars to the City Council within two weeks,”—accompanied by one of your Board, asking me to furnish the statement without delay.

In complying with this, as a request of your honorable Board, I beg permission, with entire respect, to suggest the distrust I entertain, of any obligation on my part to respond to the call, considered in the nature of a mandatory requisition. For any act or omission in the performance of my duties as an officer of the City, in charge of a branch of its medical departments, I could of course have no hesitation in admitting the right of the freest scrutiny, and the entire duty on my part of the fullest disclosure. But when the requisition transcends this limit, and extends to acts done by me in my private capacity, whether personal or professional, having no connection with my public duties, and not under the name or sanction of my office, I must be allowed to question the right of inquiry, or the obligation to answer.

The act alluded to in the resolution under which you address me, was purely of that character. The certificate, as is well known, was not signed by me as physician of the Boston Lunatic Hospital, nor for the purpose of being used there; but was given by me as a physician merely, and for the purpose declared in it, of being used at another asylum.

It can hardly be supposed that this Order was introduced into the City Council upon the hypothesis that *any* act done or advice given by me is to be considered an undue appropriation of *time* belonging to the City; for if that were all, the only inquiry necessary would be, whether it *did* so interfere with the proper discharge of my duties at the Hospital;—a supposition too unreasonable to be made the basis of such an investigation.

Its introduction, therefore, could only have been upon the supposition,

that the certificate was given under circumstances justifying a suspicion of immorality or misconduct, which, if established, would prove me unworthy of the confidence reposed in me as physician of the Hospital, and require my immediate removal; or, in plain language, that the certificate was knowingly false, and given from corrupt motives.

It is thus seen that I am, in this manner, indirectly, but not the less pointedly, called upon to answer to a charge of bribery, corruption, or conspiracy, committed in order to procure the false imprisonment in a Lunatic Asylum of a sane and helpless woman—a charge involving a degree of moral turpitude, from which I should have supposed that an ordinarily fair reputation acquired in a professional life of twenty years in a community like this, would be, at least upon first impression, and without some very satisfactory proof, a sufficient protection. That cases may occur of flagrant misconduct, so obvious as to dispense with the necessity of investigation, and so obviously disqualifying a public officer as to require his instant removal from public service, is doubtless true:—cases in which the nature of the act alone considered, and the unquestionable propriety of immediate discharge, constitute a law of necessity paramount to all the ordinary obligations of preliminary inquiry. But that individuals, because holding public appointments, are to be arraigned and tried by the legislative branch of a municipal government, upon charges or insinuations of criminal offences, alleged or supposed to have been committed by them in their private capacities, and not in discharge, nor under pretence of discharge of their official duties, seems to me, in my humble experience and apprehension, a new, and somewhat startling proposition. And more especially must I consider this to be so in cases, where the act done is one of ordinary professional obligation, *in itself* purporting no wrong, and which could be shown to be blameworthy only by proof of gross wickedness and corruption in the motives for performing it.

The giving of such a certificate is indisputably within the scope of my ordinary duty as a physician. It cannot have been wrongfully given unless Mrs. Kraitsir is not insane, and unless I have been guilty of most culpable corruption, or connivance in a base conspiracy to deprive her of personal liberty. If I have been thus guilty, the Judicial Courts, or the Grand Jury, I respectfully submit, are the tribunals to which I should be called upon to answer. I can hardly conceive that if the City Council were disposed to resolve themselves into a bench of judges or a panel of jurors, to decide upon the law and evidence of corruption and conspiracy, or into a committee of physicians to determine a question of lunacy, they would demand of me the surrender of the rights common to all other men, of having these questions, affecting interests much dearer to me than life, passed upon by those whom the law, the common protector of all, has appointed for this purpose; and by the application of those principles which the learning and experience of ages have established as essential to the preservation of individual security; and which those, thus appointed, are, by the theory and practice of our institutions, alone competent to administer. If I am to be thus called upon to defend myself against such charges or insinuations, I perceive no distinction

that can exempt the City Solicitor from being in like manner liable to be tried for any opinion he may have given to clients in the course of his professional practice ; nor under which any person, receiving appointment from the Honorable the City Council, may escape from being thus subjected to an investigation into the fairness of any bargain he may have made ; or of the propriety of his domestic behavior.

On this part of the case I have only to add, that when it is remembered that the certificate was for the purpose of introducing the patient into an asylum in charge of one of the most intelligent and accomplished and conscientious physicians in the country, and under the constant supervision of a Board of Trustees, some of whom visit it weekly, and who scrupulously discharge the duty of inspecting every patient and apartment ; and whose abilities and elevated integrity no man in this community will venture to question,—the supposition that I should dare to give a false certificate, thus exposing myself to certain detection and consequent shame, and necessary forfeiture of all professional character, seems to involve that of a degree of infatuation and absurdity on my part that would prove myself a proper subject for consignment to the same institution.

Permit me further to suggest whether proceedings of this nature, to compel a physician to make public disclosure of circumstances communicated to him, and opinions formed in the discharge of private professional duty, may not be also a wrong to the parties most immediately interested in them ; and impose upon him the obligation of resistance, from regard to the sacredness of professional intercourse,—that he may not be thus made the instrument to exhibit to the world their private griefs.

I have the best authority for knowing that this order was introduced, not only without the knowledge or consent of either party, or the counsel of either, but that the procedure was greatly deplored by them all. And under other circumstances I might feel that I ought entirely to decline the request of your Honorable Board from a sense of duty ; that I might not thus cause an act, done in the discharge of professional obligation, to become a means of any unnecessarily extensive and permanent disclosure of the misfortunes of either of the parties.

But as this proceeding, instituted, as is supposed, by those assuming to act as the friends of one of them, has placed me, without my agency or fault, in a position before the public calling in question my integrity and humanity in the most revolting form ; and from which I perceive no relief, but by proof of my willingness to make a frank disclosure of the circumstances called for ; and as the unhappy notoriety already given to this case can render any communication of my knowledge or opinion of comparatively little, if of any further prejudice to the parties, I now place one in your hands, to be used as you shall think proper, desiring, very respectfully, to rest upon your Board or the City Council the responsibility of giving to it any greater publicity :—trusting that these remarks with which I have thought necessary to accompany it, will not be attributed to any want of the most entire respect to the authority from which the order emanated, or the request accompanying it, but only to a sense

of my obligations to myself, and to the profession, of which I am, in this instance, constrained to act as the humble representative."

[The communication alluded to is a brief statement of the circumstances under which the certificate in question was given—showing that Dr. S. was called upon and acted in the case as a private physician and not as Superintendent of the Hospital, and his reasons for believing the lady insane. The particulars would be uninteresting to the majority of our readers.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. MARCH 21, 1849.

Annual Reports of Hospitals and Lunatic Asylums.—The Massachusetts General Hospital Report lies before us. As might have been expected, managed as the Institution is by practical business men, the financial affairs of the Hospital are in excellent condition. The income from interest, dividends, subscriptions for free beds, and other sources, during the year 1848, was \$17,225 00. The expenses were \$28,005 38. Average weekly expense of each patient, \$4.73, which is 91 cents less than in the preceding year. The present estimated value of the productive property is \$154,133 82. An appropriate and respectful notice is taken, by the Trustees, of the death of the late Dr. Enoch Hale, who was one of the visiting physicians. The whole number of patients received through the year, was 804, of whom 514 were males and 290 females. Of these, 103 died. 344 were paying patients, and 460 had the benefits of the Hospital gratuitously. The average number under treatment was 108—and the greatest at any one time, 124.

In connection with these statistics, is the report of Dr. Bell, in regard to the McLean Lunatic Asylum at Somerville. As usual with these annual reports, it shows what science and benevolence have accomplished for the wretched beings who were once considered beyond the reach of either. Happily, the people everywhere perceive that these institutions are not experiments, on which money is expended to no good purpose. Legislative bodies throughout the country are vying with each other in perfecting a system that is working wonders for the insane. But a distinct notice of the McLean Asylum is due to its reputation and that of its active medical superintendent, and will hereafter have a place.

Dr. Brigham, of the New York State Lunatic Asylum, has made his sixth annual report to the Legislature, which has been published, and exhibits the satisfactory condition of the large institution confided to his charge. The income in 1848 was \$74,708 59, and the expenses \$68,655 49, leaving a balance of cash on hand of \$6,053 10. There are points discussed in this document of exceeding interest to society. Dr. Brigham's observations on hereditary insanity; increase of the malady; causes; prevention, prognosis, and the medical and moral treatment, show with what profound attention he weighs every circumstance bearing upon a case. Were it possible, without trenching upon the claims of correspondents, whose manuscripts have accumulated of late, it would be gratifying to transfer to the pages of the Journal some of the most prominent

suggestions contained in this interesting report. We may do so at a convenient time—from a conviction that Dr. B.'s views on the subject of insanity will always command the respectful attention of the profession. Europe cannot boast of a better class of men for medically superintending lunatic institutions, than are now in commission in the United States. Their official reports are rich in thought, pertinent, eminently practical, and in accordance with the principles of christian benevolence.

An engraved view of the New Jersey State Lunatic Asylum (recently erected at Trenton), accompanying the first annual report, shows the edifice to be exceedingly beautiful externally. The interior construction is also thought by many to be altogether superior to any other lunatic asylum in the Union. In May last, patients were first received. H. A. Buttolph, M.D., is the superintendent and physician; Dr. J. B. Elliott, assistant physician. The salary of the first is \$1500; and that of the assistant, \$500. As many as 200 patients could conveniently be accommodated, although the present number is only 83. A detailed account by the managers, of the various arrangements within for the comfort and health of the lunatics, embracing the warming apparatus, bathing, gas fixtures, water-forcing machinery, the beauty and inviting aspect of the grounds, &c., make it apparent that all who were employed to carry out the original design of the Legislature, were truly faithful. Dr. Buttolph's report from May 15 to Dec. 31, 1848, indicates familiarity with the duties before him; and from the orderly character of the several topics discussed, we should judge him to be precisely the man required for the place.

The Butler Hospital for the Insane, also of very recent construction, is, too, an imposing structure, probably as complete in all its departments as any in New England. It is hardly possible to describe, with minuteness, in our limited space, the various improvements introduced into the most recently-established insane retreats. Those who are so fortunate as to receive the annual reports, will there find the particulars. In the thirteen months, says Dr. Ray, the medical superintendent, since the Hospital was opened at Providence, R. I., 156 patients have been admitted, 84 males and 72 females. 56 have been discharged, well; and there were remaining, December 31, 100 patients. Dr. Ray's report is a sensible paper, making no pretensions to show, and therefore the better calculated to command the respect of those who appreciate the learned gentleman's philosophical views. A series of resolutions very complimentary to Dr. Bell, of the McLean Asylum, Somerville, belonging to the transactions of the Trustees, are appended to the report, in which it is acknowledged, in a handsome manner, that they are wholly indebted to him for the information that enabled them to erect the very perfect structure which is now the just pride of the State.

The Plea of Humanity in behalf of Medical Education.—The address delivered before the New York Medical Society and the members of the Legislature, at Albany, February 6th, by Alexander H. Stevens, M.D., &c. &c., has been received. It fully sustains the excellent character it was represented to possess by a correspondent of the Journal a week or two since. Dr. Stevens is a prominent member of the medical profession, has invariably been consistent in his course, and, in every position in which he has been placed, exerted himself for the honor and claims of the brotherhood. So complete was the analysis in the Journal that it is wholly unnecessary to allude further to this excellent address.

A Plea for Obstetrics.—An introductory lecture by J. Wiltbank, M.D., of the Pennsylvania College, delivered at the commencement of the lectures, has been overlooked for some time, but its claim to special notice is by no means impaired by delay. It is a sensible, plain, and an eminently judicious discourse. He claims nothing for himself, but much for humanity, and eulogizes the character of the late Dr. Dewees, which he would have imitated by those who wish to be both good and great.

Transylvania University.—A valedictory address to the medical class of the present year, by E. L. Dudley, M.D., Professor of General and Pathological Anatomy and Physiology, is a fine specimen of lecturing. Of his scholarship and tact in writing, no one would doubt, who peruses this performance. We have nowhere heard better advice to young physicians. It is clothed in excellent language, and is well calculated to reach the heart and chasten the affections, while it keeps constantly before the mind the importance of the relation which exists between the practitioner, his patients and society. Long may the author live to exhibit the value of the principles he has forcibly and eloquently taught in this discourse.

Syr. Pruni Virginianæ.—Messrs. Philbrick and Trafton, of this city, have prepared a syrup of the wild cherry, which is noticed with favor by practitioners. It is an elegant preparation, in common parlance—a dose being from one to two fluid drachms for adults, given as frequently as may be prescribed by the attending medical adviser, who would, of course, be influenced by the age, constitution and general circumstances of the patient. As a basis for several cough mixtures, by adding any of the approved expectorants, it is very much liked; and it is well worthy of a trial in ordinary practice. There is no secret about it, and no pretensions beyond being a convenient and really useful preparation for the physician.

A variety of other useful preparations may be found mentioned in the advertisement of Messrs. Philbrick & Trafton.

Massachusetts Medical College.—At the semi-annual examination held on the 2d and 3d of March, 1849, the following candidates were approved for the medical degree:—

Leland Howard Angell, dissertation on Tubercle; William Clarke Beckwith, Iodine; Cornelius Soule Carter, Causes of Decay in Human Teeth; Octave Fauvelle, *Blessures*; Edward Gage, Odontiasis; Isaac Francis Galloupe, Gastro-enteritis Acutus; Robert Greer, Dysentery of Temperate Climates; George Franklin Jenks, Medicine; Edward Kirby, Typhus Petechialis; Luther Franklin Locke, Iritis; Edward George McCormick, Chlorine; William Bowen Morris, Delirium Tremens; Paul Louis Nichols, Erysipelas; Buford Allen Prewitt, Typhoid Fever; John Howard Ricker, Rupture of the Uterus; Charles Harrison Shackford, Pneumonia; James Michael Sharkey, Croup; John Cauldwell Sharp, Prognosis; John Hannibal Sheppard, Dyspepsia; George Rodney Swetting, The necessity of an acquaintance with the Principles of Health; James Munroe Underwood, Pertussis; Alonzo Carter Webber, Suppression of Menstruation; Henry Willard Williams, Cancer of Uterus; George Sullivan Woodman, Emesis; Charles Fessenden Wyman, Scarlatina.

O. W. HOLMES,
Dean of the Medical Faculty.

U. S. Army Medical Staff.—An act increasing the medical staff of the army having been passed at the recent session of Congress, a medical board for the examination of candidates for the appointment of Assistant Surgeons will be convened in New York about the first of May ensuing, and will continue in session a month or longer. Candidates being between 21 and 23 years of age, should make application to the Secretary of War, with proper testimonials.

Mortality in Boston—Measles and Scarlet Fever.—TO THE EDITOR, &c.—I see in the "weekly mortality," reported in a late Journal, that there were 10 deaths from scarlet fever, and 19 from measles. This is turning the tables indeed. I am a physician in some practice, and occasionally visit sick folk. I am called to cases of eruptive disease quite often—generally when the child is very ill. I am told the disease is measles—"that they have been out some days, and that all sorts of means, hot saffron tea, hot water, and hot air, have been most abundantly used to keep them out—that measles are a very simple disease—that advice has not been thought necessary—finally, that things did not look well to-day, and it was thought safer to call in 'the doctor.'" Now, sir, all this is literally true. I have found two children with measles, so called, in the same room. They have been almost dying when I reached them. Most malignant scarlet fever was present. The functions of the brain were almost null. A matter, most offensive in smell, and profuse in quantity, was pouring from nose, eyes, ears—more resembling that from *glanders*, in the horse, than any other disease—the breathing a noisy, rough, apoplectic stertor. These are some of the appearances presented by these cases of measles. I need hardly add, that these cases, which have been not infrequent with me, have all been fatal. To many of them I have had time to make but a single visit before death has occurred.

Now what has this to do with the weekly reports of mortality? I answer, that not in a single one of these cases have I been asked to give a name to the disease, or been consulted about the return to the Superintendent of Burials. How natural for the parent or friend who first gave to it a name, treated it accordingly, till farther treatment would have been as cruel as useless—how natural is it for such authorities to return the name which the disease has borne from its beginning to its fatal termination!

Whence comes domestic nomenclature, and whence the domestic treatment, in these melancholy premises? Who has taught this domestic nosology—this easy diagnosis, and this simple but ill-ending treatment? We live in an age of progress, and let medicine be true to its demands. You know that its mythological divinity boasted of wings to secure his rapid flight. But do, sir, let the "record" have so much truth in it as to give to science some evidence of its probability. It is bad enough to be charged with killing children whose disease was *only scarlatina*. To be charged with letting 19 children die in a week of measles, or with occasioning so many deaths, may to the sensitive be something worse. For one, I can hardly believe in the entire correctness of the last "weekly report" but one touching measles. I think I have shown how easy it was for reporters to err. I do not write to diminish the confidence of parents or friends in their own personal knowledge of the nature of diseases and of their treatment. Oh, no. I write that our Bills of Mortality, which are matters of permanent record, should have all the accuracy they deserve, and especially that "reporters" of such bills should have some notion of the responsibility of their office.

I see in the last "report" of mortality, 18 deaths from measles, and a sum total of 122 deaths for the week. Is not this amount unparalleled in our necrological statistics? It far exceeds the mortality of Philadelphia, for the same week, while our population is not half that of Philadelphia. I spoke to a friend in large practice on this subject. He said, in a former epidemic of measles, the mortality was large, but seemed surprised at learning that in two weeks the deaths had been 57. As an old friend, now long dead, used to say, "I never lost a case of dysentery," I may truly say, that I have not lost a case of measles this season, unless it has passed into other hands, which you know now and then happens in the best regulated—faculty. W. C.

Boston, March 19, 1849.

TO CORRESPONDENTS.—A reply to the late article in the Journal on Insanity in Massachusetts and the Construction of Lunatic Asylums, with more particular reference to the latter point, has been received. There are also on file for publication, the conclusion of the sketch of Dr. Bell, Prof. Shipman's second letter on medical matters at the West, Dr. Bartlett on Elaterium in Acute Hydrocephalus, and a translation of Civiale's mode of treating Strictures of the Urethra.

DIED.—In New York, Charles H. Robertson, M.D., 59.—In Boston, Thomas Gray, M.D.—At St. Petersburg, Russia, Dr. Zagorski, Prof. of Anatomy and Physiology in the Medical School of that city, at the age of 92.—In London, George Fownes, F.R.S., Prof. of Practical Chemistry in the University of London.—At Holme's Hole, Mass., Le Roy Yale, M.D., 46, of ship fever.

Report of Deaths in Boston—for the week ending March 17th, 91.—Males, 40—females, 51.—Of consumption, 16—measles, 16—scarlet fever, 11—infantile, 8—erysipelas, 3—lung fever, 2—debility, 3—syphilis, 1—convulsions, 4—child-bed, 3—trophy on the brain, 4—pleurisy fever, 2—inflammation of the lungs, 1—old age, 3—puerperal, 1—teething, 4—disease of the heart, 2—inflammation of the bowels, 1—bilious fever, 1—intemperance, 1—canker, 1—croup, 1—disease of the stomach, 1—unknown, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 7—over 60 years, 9.

Cholera in Nashville, Tenn.—Relation to Limestone.—We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather, for the greater part of the time, has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells, which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves which, at first, I supposed, were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter had been laboring in the vicinity of a spring from which he obtained all the water he drank.

A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality while the city has been exempt from it, is a question not to be determined without farther observation."—*Western Journal of Med. & Surg.*

Delegates to the American Medical Association.—At the Annual Meeting of the Medical Society of the State of New York, in Albany, Feb. 6, 1849, the following were elected delegates to the American Medical Association: Southern Censorial District—Drs. A. H. Stevens, New York; Charles S. I. Goodrich, Brooklyn; Willard Parker, New York; E. G. Ludlow, New York; J. R. Manly, New York. Eastern District—Drs. R. G. Frary, Columbia; Simeon Snow, Montgomery; J. McNaughton, Albany; T. W. Blatchford, Rensselaer; T. R. Beck, Albany. Middle District—Drs. Henry Mitchell, Chenango; — Dehring, Oneida; Jenks S. Sprague, Otsego; A. Willard, Chenango. Western District—Drs. Reynold Coats, Ontario; Daniel Jones, Onondaga; Alexander Thompson, Cayuga; Bryant Burwell, Erie; G. W. Bradford, Cortland.

At a meeting of the Medical Society of Alleghany County, Pa., Dr. Joseph P. Gazzam was elected delegate to the American Medical Association, to meet at Boston.

At a meeting of the Philadelphia College of Physicians, held February 6th, 1849, the following were elected delegates to the American Medical Association:—George B. Wood, Francis West, Alfred Stillé, George W. Norris, Isaac Hays, D. Francis Condie, Henry Bond, Samuel Jackson (late of Northumberland), George Fox, Gouverneur Emerson.

At a meeting of the Philadelphia County Medical Society, held January 30th, 1849, the following were elected delegates to the American Medical Association:—J. H. Yardley, W. H. Klapp, W. Maybery, M. M. Reeve, W. B. Page, H. Gibbons, T. F. Betton.